No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28589

FILED SEP 2- 1952

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY: Knox
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Edina
c. LENGTH OF STAY (In this place): 5 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gibson Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Knox
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Novelty (Rural) 0520
d. STREET ADDRESS (If rural, give location): 5 miles South East.

3. NAME OF DECEASED (Type or Print)
a. (First): EDNA
b. (Middle): O.
c. (Last): GARNETT

4. DATE OF DEATH (Month) (Day) (Year): Aug-23-1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb-6-1887
9. AGE (In years last birthday): 66
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper.
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and State or Foreign Country): Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Blair
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE: Thomas E.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Thomas E. Garnett

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 8 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Infarction
DUE TO (c) Arteriosclerosis Hypertension (Chronic) — 15-20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from June —, 1950, to 8-23, 1952, that I last saw the deceased alive on 8-23-52, 1952 and that death occurred at 9:35 P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.
23b. ADDRESS: Edina Mo.
23c. DATE SIGNED: 8-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 25-1952
24c. NAME OF CEMETERY OR CREMATORY: Novelty
24d. LOCATION (City, town, or county) (State): Novelty Mo.

DATE REC'D BY LOCAL REG.: Aug-27-1952
REGISTRAR'S SIGNATURE: /S/ Neil S. Hunter
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ruth Hudson

(Licensed Embalmer's Statement on Reverse Side)

SEP 9 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.